

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/719446	FILING DATE		
							APPLICANT(S)			
CLAIMS										
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*	*	*
IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1		1					51			
2		1					52			
3		2		1			53			
4		2					54			
5		4		1			55			
6							56			
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42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TH	AL						TOTAL IND.			
TH	AL						TOTAL DEP.			
TH	AL						TOTAL CLAIMS			
TC	IMS			5						